



## Application for Spray Contracting Firm License

Chapter 35 of the Board's regulations requires a contracting firm license for all incorporated companies, partnerships or sole proprietors with employees that apply pesticides "for hire" in the State of Maine. Type or print the requested information and check all boxes that apply. Enclose with your application for commercial applicator license. Then mail the completed form with a check payable to Treasurer, State of Maine to this address: Board of Pesticides Control, 28 State House Station, Augusta, ME 04333-002

Please fill in any blanks and correct any information that has changed. Check here if anything has changed ☐

Company Name \_\_\_\_\_ Federal ID # \_\_\_\_\_

Headquarters Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Master Applicators/ Supervisors Responsible for Custom Application of Pesticides

1) \_\_\_\_\_  
Master Applicator Name Telephone Number E-mail Address

Branch Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2) \_\_\_\_\_  
Master Applicator Name Telephone Number E-mail Address

Branch Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### Application For:

☐ Initial License \$200.00 fee

☐ License Renewal \$200.00 fee

☐ Replacement License \$5.00 fee

### Verification of Knowledge of and Compliance with Statutes, Regulations and Guidelines

The following should be completed and signed by the chief firm official responsible for custom pesticide applications performed by the firm in the State of Maine.

I, \_\_\_\_\_, hereby swear or affirm I understand the statutes,  
Print or Type name

regulations and guidelines of the Board and that \_\_\_\_\_  
Print or Type Name of Firm

will comply with the aforementioned statutes, regulations and guidelines when performing custom pesticide applications in the State of Maine.

\_\_\_\_\_  
Signature of Responsible Firm Official

\_\_\_\_\_  
Date

### For Board Use Only

Check Number \_\_\_\_\_ Check Date \_\_\_\_\_ Check Amount \_\_\_\_\_

Master Applied \_\_\_\_\_ Categories \_\_\_\_\_

License Number \_\_\_\_\_ Audit Number \_\_\_\_\_ Issue Date \_\_\_\_\_ New Expiration Date \_\_\_\_\_